The Hampden Hippocrat

MAY 1969

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A bulletin for
The Hampden District of
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Medical Society

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HOW FAR APHRODITE?

There can be no argument that this generation is in the throes of a "teenage copulation explosion". That there is an increasing incidence of sexual intercourse among juveniles and that there is a drop in the age of first experience to between 12 and 16 years of age is common knowledge. We are alarmed by the increasing rates of venereal diseases and illegitimacy. Springfield's venereal disease rate has doubled in the past two years; yet, only 13% of cases are reported to the Mass. Health Dept. Three hundred thousand women bear illegitimate children every year, and 100,000 of these mothers are teenagers. At the present time 11% of our population is illegitimate.

What brought on this "teenage copulation explosion"? We live in an economically prosperous country. In the cities our adolescents have less parental and adult supervision, greater freedom, more money, more free time, cars to drive, easy access to salacious literature, and more exposure and opportunities to alcohol and drug consumption. They are exposed to an environment where attitudes toward sex, morality and religion are changing, and where premarital and extra marital relations are common.

CONTRACEPTION

If we, members of the medical profession, are distressed by these facts, then we must seriously look at the question of teenage contraception and teenage or adolescent contraceptive services. Those who want to instruct teenagers in contraception are often interested mostly in preventing illegitimacy at any cost. Are we morally correct in preventing illegitimate pregnancies, unwanted pregnancies and illegal abortions by offering our adolescents contraception, or are the motives behind such services those of saving welfare dollars, of controlling reproduction rates in specific social groups, and of safeguarding our teenagers from pregnancy?

The institution of teenage contraceptive service is not without precedent. In 1966 Denmark introduced the Pregnancy Hygiene Law which authorized any 15 to 18 year old girl to go to a physician or birth control clinic to be fitted with a diaphragm and/or get instruction in contraceptive methods.

In the United States, the Office of Economic Opportunity removed a provision from its rules which forbade the use of grant funds to provide contraceptive devices or drugs to unmarried women. Sinai Hospital of Baltimore has started an Adolescent Family Life Service. Here the teenagers of Baltimore can obtain birth control with parental consent after a thorough examination and after extensive individual and group counselling by pediatricians, obstetricians, psychiatrists, psychologists, social workers, etc.

CHOOSE WISELY

If you believe in adolescent contraceptive services, you must be very certain that these motives are very clear to yourself, to the adolescent and to the public. The motivation should be a medical-based and a health-based one. It must be an integral part of medical judgement holistically arrived at as a part of a total therapeutic program that considers every aspect of an adolescent's health needs—physical, mental and social. Then, if in your judgement an adolescent's life pattern requires contraception, you cannot stop there. You must make certain that she is helped toward the indicated rehabilitation and therapy; otherwise, the contraception given her will merely encourage her to

continue and expand the socially ill pattern of living that can end only in the destruction of herself as a unique individual.

What should we do? Provide contraception or counsel chastity as a positive health value? As a physician, I would like to be proven right when I state that it is not contraceptives that we need but a complete emotional re-education to protect our teenagers from cheap and unsatisfactory adventures. As a parent I will give my teenage daughter information. By so doing, I hope to demonstrate my faith in her and to strengthen her emotionally to the extent that I will reduce her need of the protection the information is designed to furnish.

Zadworny

DIVIDED WE FALL!

A letter circularized recently by a group of doctors from the Fall River-New Bedford area, is tragic, to say the least. It can't possibly do any good! All it stands to accomplish is to undermine our unity and solidarity at a time when they are most essential to the welfare of our profession and the health of the public.

These doctors, according to their letter, ". . . became convinced that the Massachusetts Medical Society was doing a poor job for the physician and they decided to try something else." That "something else" is a brand new organization, titled the "Massachusetts Federation of Physicians, Inc." The letter, dated March 17, 1969, invites us to apply for membership and to include a check for $100. A similar invitation by the same group was extended on November 17, 1968.

Although the reasons for the Federation are not too clearly stated, it is obvious nevertheless that it was prompted by the disapproval of some of the actions taken (or not taken, as the case may be) by the MMS. The chances are that on occasion many of us have been at odds with the policies and decisions of our parent society. But, is this reason enough for establishing rival organizations? It certainly wouldn't seem so. Moreover, we must realize that so very often the reasons for medicine's setbacks lie not so much with our Society as with ourselves for not supporting sufficiently its actions and recommendations. A glaring example is the catastrophic chiropractic bill which was enacted, according to several of our legislators, primarily because we failed to campaign vigorously enough for its defeat.

THE LESSON WE LEARNED

Those who advocate the splintering of our existing organization apparently have learned very little from the history of socialized medicine in Western Europe. Our colleagues there have stated repeatedly that their downfall was aided and abetted by divisive forces within the ranks of their own profession. They have also pleaded with us repeatedly to avoid the mistakes they have made. There is nothing whatever wrong with the MMS that can not be corrected by the democratic process. By exercising our prerogatives intelligently we can change our Society's policies or officers. We can even change its by-laws. All of this can be accomplished within the framework and fabric of our existing state society. Additional organizations will do no good, except play into the hands of our political adversaries who for many years now have been pursuing against us a policy of divide and conquer.

Millman

HDMS ANNUAL MEETING

HIGHLIGHTS

The annual Meeting of the HDMS was held on April 22nd at the Shaker Farms Restaurant in Westfield with President Barnes calling the meeting to order at 6:45 p. m. Attendance: 104, including 12 without reservations; 116 reservations with 20 failing to attend and cancel their reservations.

The minutes of the regularly scheduled meeting of February 4, 1969 were accepted as read.

The members present then observed a moment of silence in respect for the 12 members of the Society who had passed away during the year: Robert P. Riker, Holyoke; Frank H. Baehr, Springfield; Elmer J. Harrington, Holyoke; Perley H. Hoyt, Florida; James B. Bigelow, Holyoke; Robert Salwen, Holyoke; Morris J. Ritchie, Westfield; Michael M. Lazarchick, Chicopee; Fred M. Allen, Holyoke; Henry J. D. Davidson, Springfield; Honoria K. Shine, Holyoke; and Arthur L. Kinne, Holyoke.

Thereupon, President Barnes called attention to the annual committee reports without recommendations as published in the April issue of the *Hippocrat;* these were accepted as published.

Dr. Stoler then presented a resolution from the Executive Committee to the effect that the Society's Emergency Medical Service and its roster be continued pending an in depth survey of its operations and utilization with subsequent recommendations as to modification for meeting community needs. This resolution was carried.

Dr. Robert Ernst presented a resolution proposing that the HDMS recommend appropriate action on the State level to rescind certain regulations recently imposed on nursing homes by the Massachusetts Department of Public Health, requiring physicians to visit patients and renew orders at certain stated intervals, etc. Moreover, he proposed that the Massachusetts Department of Public Health and the MMS get together and develop a realistic set of regulations for nursing homes which are compatible with actual practice and yet upgrading of nursing home care. This resolution was referred to the Executive Committee for consideration and action.

"A Word To The Young" L. to R.: Dr. Robert N. LaMarche, Dr. Joseph P. Derby, and Dr. Paul G. Sanderson.

The Treasurer, Dr. Paul T. Moore, gave his report along with the recommendation that the dues for 1969-70 be increased to $50.00 per year, per member. He commented that this was necessary because of increased costs and the fact that 103, or 21.2% of the Society of 513 members, were "senior members" and not obligated to pay dues. A budget of $22,200 has been set for the coming fiscal year. This report, along with the dues recom-

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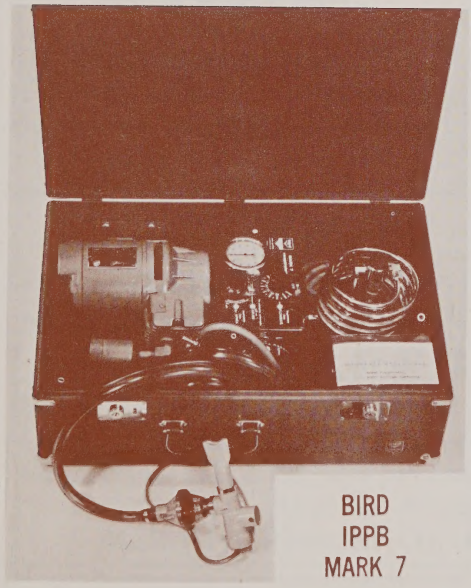

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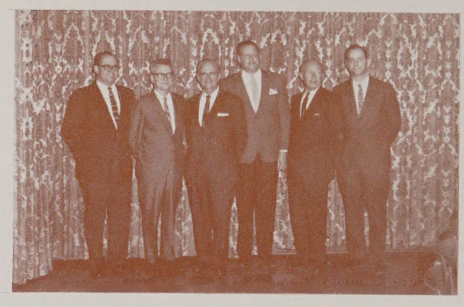
"On The Way To Africa"— L. to R.: Dr. Harold Holleran telling it to Dr. Samuel F. Potsubay.

mendation, was approved along with the report of the Auditing Committee as presented by Dr. Howard N. Simpson.

Before recessing for the collation, at 7:00 p. m., Dr. Harold Holleran, a member and a past president of the Society and now in the employ of the U. S. Embassy, was introduced and saluted. Dr. Holleran had just stopped off in his beloved Westfield before going on to a new assignment in Africa.

At 8:55 p. m., the meeting was reconvened with new business being called for. At this time, Dr. D'Avanzo made a motion that a special committee be established to look into and de-



"On To '69-'70" L. to R.: Dr. Maurice J. Boivin, Asst. Secretary; Dr. Walter S. Mozden, President; Dr. Wayne C. Barnes, retiring President; Dr. Kenneth L. Collard, President-Elect; Dr. Paul T. Moore, Treasurer; Dr. Bruce B. Stoler, Secretary.

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lineate the role of hospitals and private practitioners in the rendering of medical care to patients. Inasmuch as this was new business, the matter was referred in accordance with the Society's bylaws to the Executive Committee for consideration and report.

Thereupon, four members were honored with a presentation of a 50 year membership certificate—Dr. Joseph Derby, Dr. Harlan W. Angier, the late Dr. Arthur Kinne, and Dr. R. R. Meunier.

The report of the Nominating Committee was presented by Dr. John J. Burke; this was unanimously accepted as presented (see page 11).

Retiring President Wayne C. Barnes expressed his gratitude to all who assisted him during his tenure in office and thereupon turned over the gavel to Dr. Walter S. Mozden with his best wishes. After rendering a brief inaugural address (see page 10), President Mozden announced his appointments to the various committees of the Society for the coming year (see page 14).

There being no further business, the meeting was adjourned at 9:30 p. m.

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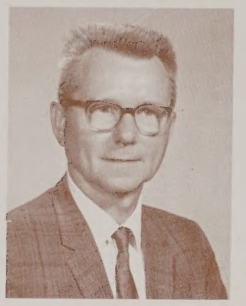

INAUGURAL ADDRESS

As I reflect on the future trends affecting our lives and our profession, certain issues appear dominant.

1. First of all, may I state unequivocally that I am proud to be a member of a profession that still ranks tops on my list today, just as it did when I graduated from medical school. We have disciplined ourselves to long hard hours of study and effort, to control our emotions, to understand the virtue of humbleness, and to temper our physical needs. Our responsibilities by comparison with other professions are tremendous. Our ultimate desire is to do good for our fellow man. Is there a greater reward than the accomplishment of this desire?

2. Let us not confuse our professional image with our public image. In our capacity as physicians, our patients have never expected as much of us as they do today. They are astounded by our newer developments and successes, but they are confused by our public or political positions.

3. One hears much today about the future of private practice. It is my feeling that given a choice between a private physician, who has his patient's welfare as his personal and confidential responsibility, or a government or non-private physician, the patient will almost always choose the private physician. The point to emphasize, however, is the word *choice*. If the private sources are additionally costly, then there obviously is no choice for many.

I would like to suggest that our slogan for this year be communication, community planning, and cohesion. We propose to circulate a questionaire among the District membership which will allow every member to communicate with his District Society. We shall, also, attempt to communicate directly with the A.M.A., who has requested our opinions.

Let us become interested in community planning. Let us, as doctors, help to mold the future course of events. Our main weakness here lies in our traditional competetiveness among our individual hospital staffs. The government and community planners will no longer tolerate this philosophy, which leads to reduplication of facilities and increased medical care costs. The degree of our success will be directly proportional to the degree with which we consider ourselves and act as community physicians first and hospital-related physicians second.

And, finally, a cohesive medical organization is a must for the future if we are to survive as a free unrestricted profession. This must begin at home before it can spread nationally.

Walter S. Mozden, M.D.

Walter S. Mozden, M.D.

REPORT OF
HDMS NOMINATING COMMITTEE
APRIL 22, 1969

Your Nominating Committee presents the following slate of officers for the year 1969-1970:

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Vice President & President-Elect	Kenneth L. Collard
Secretary	Bruce B. Stoler
Treasurer	Paul T. Moore

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Kenneth L. Collard	Ex-officio	Paul T. Moore
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Harry Anton	1970	Garry DeN. Hough, III
Joseph R. Kelly	1971	John P. Sullivan
William J. Cummings	1972	Sheldon S. Goldberg

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Wayne C. Barnes	Springfield
Bernard Bloom	Springfield
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Elmer F. Franseen	Springfield
Leandre W. Giguere	Springfield
Bernard N. Gilchriest	Springfield
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Legislative Councilor:	James D. Allan
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Richard C. Hirschhorn	1972
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HDMS EXECUTIVE COMMITEE MEETING, JUNE 17 AND SEPTEMBER 16

MMS ANNUAL MEETING, BOSTON, MAY 27-29

INTERNATIONAL CONFERENCE ON DRUG ABUSE, NEW YORK, JUNE 2

AMERICAN PROCTOLOGIC SOCIETY, BOSTON, JUNE 16-19

AMERICAN RHEUMATISM ASSOCIATION, BOSTON, JUNE 18-22

AMERICAN DIABETES ASSOCIATION, NEW YORK, JUNE 28-29

AMA ANNUAL MEETING, NEW YORK, JULY 13-17

SEX EDUCATION IN A SCHOOL SETTING

There is a growing awareness among clergy, physicians, social workers, and some parents regarding the pressing need for broader sex education for the adolescent in order that he may be more adequately prepared to cope with what is currently referred to as the "adolescent sexual revolution" and viewed by many as being a global key issue. Despite the valiant efforts on the part of a great many parents to achieve the desired goal in the sex education of their children, the startling statistical increase in the incidence of promiscuity, venereal diseases, illegitimate pregnancies, premature marriages, etc. presents indisputable testimony to the fact that it has not been enough and that more assistance is needed both for the adults and the adolescents.

The alarming increase in the number of undesirable social sexual situations dictates that we come to grips with our own emotional problems (neurotic denials), misconceptions relating to sex, and our own mid-Victorian thinking, and make an effective and realistic approach to what is going on about us. We must cast off our old molds and launch unhampered into new concepts accepting conditions as they actually are and not as we would like to have them.

PERMISSIVENESS

The emerging new standards of sexual permissiveness have given rise to circumstances that run counter to healthy development of the adolescent. Current laws that some have found too repressive are being modified and new ones made on the assumption that "since everybody is doing it" makes it legal. It would appear that sanction is implied in much of the sexual promiscuity and that too little effort is made by those responsible for youth guidance in the direction of structuring wholesome environments and encouraging positive reactions and more self-discipline.

One is reminded of a recent medical conference where a round-table discussed "The Sex Life of the College Student." The springboard concerned the necessary equipment for the female student about to go to college: two textbooks on birth control, an adequate supply of "pills," and perhaps, a diaphragm if considered necessary in the opinion of her gynecologist. The essence of the discussion stressed the need for free sexual expression of the student in order to avoid frustration and subsequent academic failure. The discussion waxed eruditely and illuminatingly until one of the participants, a psychiatrist and director of health services in one of our "Ivy League" colleges, was called upon to express his opinion, which he did most ably and succintly, stating that in his opinion colleges were designed for academic learning and not as training centers or experimental stations for sex.

Permissiveness has also created confusion in both adults and youth, often resulting in a conflicting code of values that terminates in resignation and consent to what had been previously viewed as unhealthy and undesirable. A case in point is seen in the thinking of some college administrators on the problem of homosexuality. Formerly a homosexual student was considered emotionally ill and a potentially dangerous member of the student body. He was requested to secure treatment or leave. Today consideration of the problem is much more permissive in that, if he is accepted as not being aggressive and, hopefully, not given to proselytizing, he is permitted to remain on the assumption that he is as deserving of an education as any

other student. Homosexuality has always been viewed by most psychiatrists as a psychopathological manifestation; but today in some circles it is viewed as man's prerogative to decide, and in some countries it has even been legalized.

New concepts of human sexuality parallelled by a totally new value system add to the complexities and difficulties in the undertaking of a program in sex education. The lack of concensus on such issues as homosexuality, masturbation, abortion, contraception and premarital sex relations add further complications, as well as another dimension to the entire area of sex education.

DENIAL

Obstetricians, psychiatrists and others in medicine have abundant case material in their files attesting to the folly of parents who loudly and emotionally repudiate the need for sex education in school and usually with the following specious reasons: "I don't believe in it;" "my child does not need that;" or "it could never happen here." It can and does happen in spite of us, if not, too frequently, because of us.

Resistance, opposition, and even vehement protest against sex education in the schools are inevitable from some parents as soon as the format is removed from the context of "the birds and the bees." This may be due

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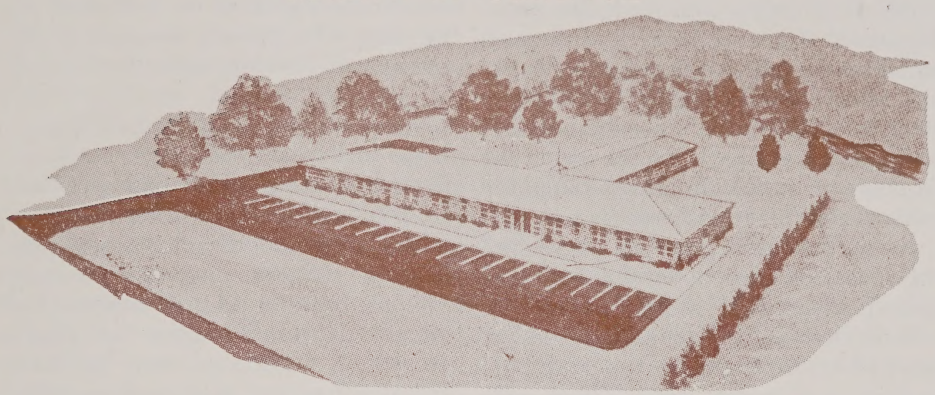

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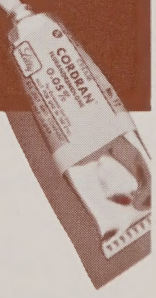

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in some situations to the fact that they have not yet resolved their own conflicts relating to sex and find it a painful and unpleasant topic for discussion. Regrettably this may result in a twofold unanticipated liability: (1) failure to establish a positive parent-child relationship and (2) the production of an uninformed and ill-prepared adolescent for living. Countless individuals are struggling with psychiatric difficulties traceable to a faulty relationship with one or both parents, or problems attributable to inadequate sex education.

An individual's point of view toward sex is a large determinant in his overall adjustment to life and so it follows that the building of a wholesome attitude toward sex in an adolescent is a sine qua non. There are those who are unable to cope with anything related to sex because of a handicapping attitude developed toward it at an early age, when they were, perhaps, warned that sex was "dirty and bad" and, therefore, it remained for them a forbidden and distasteful subject. One occasionally finds these people in positions of authority and power, where they are able to interfere with the development of sex education programs that would be of inestimable value.

EDUCATION VS. INFORMATION

For many it is not easy to comprehend that sex education is infinitely more complex and involved than simply imparting information about "the facts of life." Dr. Joseph Darden's definition, which is indeed comprehensive, is as follows: "Sex education is to be distinguished from sex information and can best be described as character education. It consists of instruction to develop understanding of the physical, mental, emotional, social, economic, and psychological phases of human relations as they are affected by male and female relationships. It includes more than anatomical and reproductive facts, and emphasizes attitude development and guidance related to associations between the sexes. It implies that man's sexuality is integrated into his total life's development as a healthy entity and as a source of creative energy."

Let us not forget that there is an ongoing undesirable pattern of sex education emerging from mass media, peer groups, and prolific pornographic materials available on every corner, all of which should be counterbalanced by sound factual material provided in a collaborative educational effort through the home, school, and other agencies interested and qualified to participate.

Inasmuch as the school's influence on the child is second only to that of the parents—in some instances it may

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transcend it—and since the current educational philosophy teaches the child not only about the world in which he lives but also how to live in that world, and, lastly, since there is convincing evidence of the serious limitations of parentally confined sexual education, it inescapably follows that the school cannot abrogate its salutary role in sex education of its students.

Encouragingly, school systems throughout the country are assiduously attempting to formulate the most practical and expedient methods of equipping young people with sound knowledge about sex—ever hopeful that progress may be realized in overcoming or minimizing some of the mounting social problems. However, there are important but as yet unanswered questions relating to such a program. Among these are: who should do the teaching; what should be his or her background, training and personality qualifications; what about the program content; how comprehensive should it be; and when and how should it be taught.

In order to meet today's needs, the content of a program in sex education obviously should extend way beyond anatomical facts and the fundamentals of reproduction, and it is here that one encounters the controversial aspects of the matter.

INCLUSION OF BIRTH CONTROL?

One of the most controversial issues at present is whether to include birth control information as a part of sex education at the junior and senior high school levels. One of the nation's outstanding educators, Dr. H. S. Hoyman, of the University of Illinois, says: "Birth control is one of the great issues of our times. This confronts us with a challenging question. If we exclude the topic of birth control, its nature, methods, issues, dilemmas, problems, etc., can we develop realistic effective family life and sex education for adolescents? I believe that we need to explore this explosive issue—its moral, legal, religious, medical and social dimensions, and its implications for sex education in our junior and senior high schools in the United States today."

Dr. Hoyman very clearly presents his thinking on providing contraceptive information for adolescents. Although up until recently he was opposed to providing contraceptive information at the high school level, he now believes that it should be taught. He states that contraception education and counselling are more urgently needed to help prevent pregnancy and illegitimacy in high school girls. It is an acute national problem, as witness

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the fact that special high schools for pregnant girls have been established in New York and San Francisco. In Baltimore, each year for the past five years there have been about 1000 births to unwed girls 16 years and under.

He states that, in teaching about contraceptives, the intent should be to give junior and senior high school students accurate information about contraception. There is a vast difference in intent and approach between teaching adolescents about birth control measures and teaching them how to use contraceptives. He avers: "We have now reached the point of no return in our rapidly changing sexually charged permissive society. We must now be more open and honest with our young people about human sexuality, including a knowledge of how birth control works and its implications for all of us."

OUR CHALLENGE

Many of our educational programs relating to sex must be revamped in order to meet the present challenge. In our rapidly changing society, with its conflicting code of values, the sexual morality of adolescents will be more certainly assured by frankness, openness, and mutual trust than by silence, mutual distrust, and recriminations.

Adolescents want and are seeking sound advice in the matter of sex information, and they realize they cannot be successful operating in a framework of "anything goes" and that they must be helped to understand where permissiveness is leading us.

Inculcating healthy attitudes, moral values, ideals and other prerequisites for successful living is not solely the responsibility of the school but rather it is inescapably the co-operative responsibility of the home, church, physician, and other community agencies.

It is not so much a question of whose responsibility sex education is but rather how the home, school, and other agencies can best collaborate to equip the individual for meeting and understanding the markedly changed values and judgments in the field of health in general and in the matter of sex in particular. Children are being raised in a society that lacks concensus on many sexual issues—promiscuity, abortions, birth control, and various kinds of sexual deviations.

There is, however, a concensus among most parents and professional people regarding the value of imparting factual information and positive feelings about sex to children in keeping with their age level, interest, and ability to understand. Regrettably, there is less agreement and self-assurance in determining what to convey to the adolescents, who in some instances today are rejecting previously determined standards of social conduct.

Today's sexual crisis demands that we come to grips with our own emotional problems and unresolved sexual conflicts; that we discard our cherished Victorian masks and launch into new concepts of the tasks to be done, with a realistic awareness of what is going on about us and a readiness to cooperate with agencies interested in helping in the sex education of adolescents.

Cooper

Ernest A. Byron

* * * * * *

SPRINGFIELD

EXECUTIVE COMMITTEE MEETING
HIGHLIGHTS

The April meeting of the HDMS Executive Committee was held on the 15th with President Barnes calling the meeting to order at 8:20 P.M. Present were: Drs. Barnes, Stoler, Moore, Boivin, Mozden, Anton, J. Kelly, Beauchamp Jr., Suzor and Mrs. Purdy.

The Minutes of the March meeting were read and approved.

CORRESPONDENCE

Replies to letters sent to the AMA and the MMS about advertising in the JAMA were read. The House of Delegates of the AMA will be considering this matter at its Annual Meeting in July. Dr. Gephart replied that same would come up at the MMS Executive Committee meeting in Boston on April 23 and suggested that Dr. Ayres bring further information to this meeting.

Mr. Hammond, Mass. State Senator, answered Dr. Stoler's letter sent in regard to chiropractic stating that he would give it consideration.

A letter from Mr. W. Grant Heggie, Jr., Executive Director of the Connecticut Valley Health Planning Council, Inc., requesting nomination of a physician member to Board of Directors of the Council was referred to Dr. Mozden, Chairman of the Interhospital and Community Health Planning Committee for implementation.

A copy of a letter from Dr. Millman to the Editor of a Springfield newspaper was received as informational. Dr. Millman was dissatisfied with the treatment given his interview regarding diet clubs by a reporter.

A letter from Dr. Luby, Chairman of the Committee of Medical Ethics and Deportment, Hartford County Medical Association, complaining of the listing of the names of five members of HDMS in the Windsor Locks', Connecticut, Yellow Pages will be copied and sent to each of the physicians with a request to notify the Executive Committee of HDMS as to why he is qualified under HDMS resolution passed April 27, 1965, to so list himself. When answers are received, Dr. Luby's letter will be replied to.

The Lester Burdick Company wrote to Dr. Tillman, Chairman of the Members' Insurance Committee, regarding the cancellation of insurance for some members by the Bell Company. Burdick will insure any of these cancellations with the program currently offered to the HDMS.

OLD BUSINESS

A reply from Dr. Roberts to Dr.

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Boss's question regarding the Welfare Department's requirement on billing for consultations was read as informational, and Dr. Boss will be notified. It is necessary to give the diagnosis for which the consultation was deemed necessary and not to send in a copy of the consultation report. In unusual cases additional information may be necessary regarding the amount of time spent in consultation to allow the proper fee to be paid.

NEW BUSINESS

A copy of a letter from Mr. Morrill Ring, Director of Ring Nursing Home, quoting rules of the Mass. Department of Public Health with regard to patient care in nursing homes as sent to many HDMS members was referred to this Committee by Dr. Derrick and was received as informational.

A copy of a letter from the Massachusetts Federation of Physicians, Inc., which was sent to many HDMS members, was referred to this Committee by Dr. Ayres and was received as informational.

Dr. Kelly moved and the Committee approved that the Executive Committee be brought up to date on the "usual, customary and reasonable fee" concept as now being used by Blue Shield at its next meeting. Dr. Walter Carver, Blue Shield Committee chairman, will be requested to make this presentation.

Dr. Beauchamp, Jr., moved that the Executive Committee express its appreciation to those members of the *Health Fair '69* Committee who did so much to make it a success. The Executive Committee voted to write Dr. Sears, Mrs. Cummings, Mr. John Turnbull, and Mr. Alan Hale letters of appreciation now and to invite each to be present at the September meeting of the HDMS when a slide show of the *Health Fair '69* will be presented and each of the above named individuals will be awarded a certificate of appreciation.

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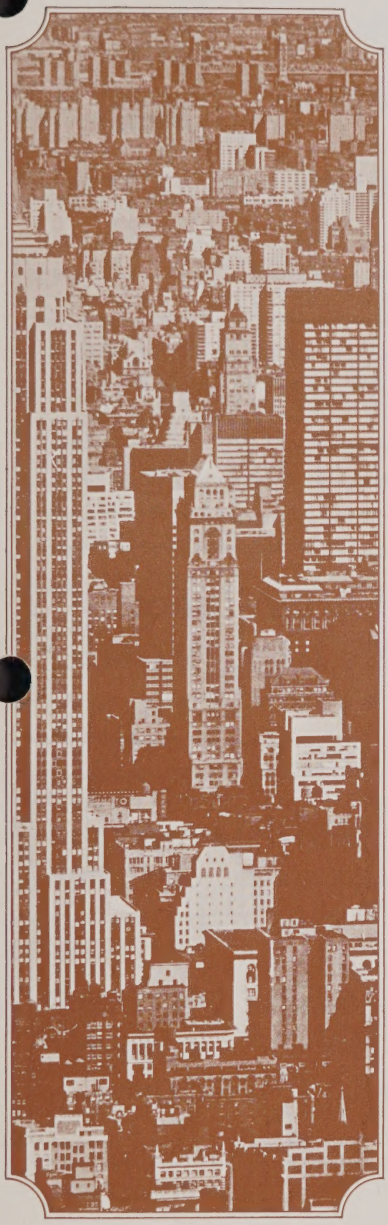

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The complete scientific program, plus forms for advance registration and hotel accommodations, will be featured in JAMA, May 26, 1969.

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Mrs. Purdy gave a report on headquarter activities. *Health Fair '69* committees, the Interhospital and Community Health Planning Committee, Medico-Legal Committee and the Mental Health Committee have held meetings in the conference room during the past month. The *Health Fair '69* was determined to be a success with 19,525 attending, 804 Glaucoma tests being done, and 2,090 blood sugars tested. The final report on the blood sugar tests will be given at a later date by the Mass. Dept. of Public Health. Dr. Barnes and Mrs. Purdy attended the Annual Meeting of the Hartford County Medical Association.

Dr. Moore presented a complete listing of expenditures and receipts for 1968-1969 and projected expenditures and receipts for 1969-1970. Dr. Moore recommended an increase in annual dues—$50.00 per member for the next fiscal year. This was approved by the Committee and will be presented for Society approval at its Annual Meeting.

Dr. Barnes moved that the Bylaws Committee be instructed to draw up a new bylaw regarding senior members' dues so as to bring the Society's bylaws into line with those of the MMS in this matter. This was approved by the Committee.

The meeting was adjourned at 10:05 P.M.

The Committee reconvened as the Grievance Committee to hear two grievances and appropriate letters will be written by the Secretary.

The meeting was adjourned at 10:25 P.M.

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SPEAKING

Drs. Griffin and Zadworny took part in the Emergency Care & Transportation of the Injured Seminar at Westfield State College. Dr. Griffin spoke on "Cardiac Emergencies", and Dr. Zadworny spoke on "Another Look at Emergency Childbirths."

Dr. DeLaurentis spoke at the George L. Steele Memorial Lecture on "Surgical Therapy of Pulmonary Embolism."

Dr. Collard took part in a panel discussion on drugs with the Belchertown school teachers.

Drs. Twible and Zadworny spoke at the Cushing Academy with the two movies "The Innocent Party" and "Parent to Child about Sex".

Dr. Stebbins spoke to the Mittineague Child Study Group.

Dr. Zadworny spoke to the Firefighters' Wives with the movie "Parent to Child about Sex."

The movies have been in constant use before such groups as at the Springfield Trade School, the Navy Training Center, Westfield Public schools, Westfield State College, and the Child Birth Education Association.

Dr. Janes spoke at Chicopee High School to freshmen and sophomores on drug abuse.

Dr. Pace spoke at Rotary on "You and Cancer".

Drs. Orlansky and Daly addressed the Mr. & Mrs. Club on "Psychiatric Evaluation of You".

Dr. Visconti spoke on drug abuse at Agawam High School.

HOT FLASHES

Dr. Bernard Gotlib has returned to Hampden District.

Dr. Kruger received a service presentation at the recent Synagogue Presidents' Day at the Jewish Theological Seminar in New York City.

There were 5,732 pieces of mail sent from the office of HDMS during the period from April 1, 1968 to April 1, 1969.

Telegrams were received at *Health Fair '69* from President Nixon and Governor Sargent expressing good wishes.

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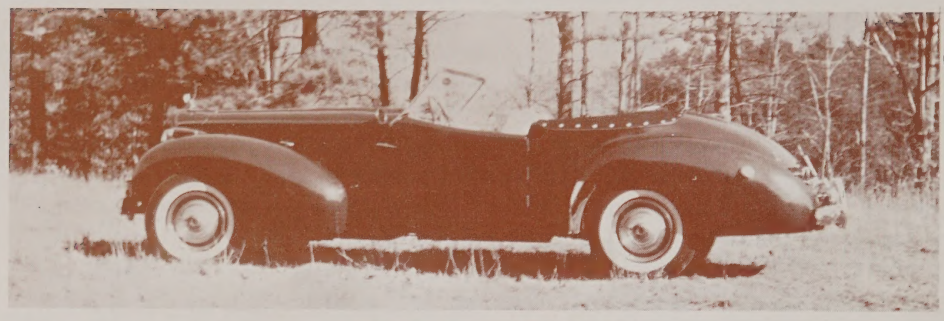

1940 Darrin by Packard.

It has become a familiar sight on a pleasant Sunday afternoon on the streets of Springfield to see a striking scarlet red convertible automobile being driven by a distinguished white haired gentleman. Any member of the Hampden District would immediately recognize the driver as Gene Boss, Sr., but even an automobile enthusiast would be hard put to identify the car as a 1940 Darrin by Packard. When the car was manufactured, it attracted considerable attention, even though a limited number of thirty-five was built at that time. The main distinguishing feature is the hand-made body designed by Howard Darrin, a famous designer, and manufactured by the Packard Motor Company. At that time, Gene studied the brochure published by the Packard Company with interest, but the demands of a large and growing family made such an automobile impractical.

Subsequently, this particular model

Gene Boss, Sr., at the helm.

of Packard was called "the most beautiful car Packard ever made" by the *Classic Car* magazine, and was immediately classified as a "Classic" automobile. Not all antique cars are "Classics," and to earn this designation an automobile must be distinctive, manufactured in the period from 1925 to 1942, be produced in small numbers, and have special distinguishing features. All these automobiles are registered and are identified in the directory of the Classic Car Club of America. The Packard Motor Company manufactured the majority of American made "Classics."

It was in January of 1953 when Gene read an advertisement in the *New York Times* placed by a retired Army colonel in Florida announcing a model of this car for sale. He purchased the car sight unseen, had it shipped up by rail, and personally drove the car off the railroad car and straight up to the Packard Agency on State Street. There it stayed for three months while it was completely overhauled and repainted. During this restoration process, a new motor was installed and the old motor became his spare parts collection which now includes in addition several fenders and a spare steering wheel. Working on "Classics" is a specialty for certain individuals. It required a trip to Brattleboro, Vermont, to have a new top made for the car, and a

trip to Greenfield to have the interior re-upholstered.

Since the original overhaul, the car has required no maintenance except for changing oil and greasing which is done by ex-Packard mechanics working for the Ralph Jones Volkswagen Agency. Being such a prize possession, the car never is exposed to rain or snow and resides in its heated garage under a cover of a specially made cloth between trips in fair weather. For winter and rainy weather a Ford Thunderbird suffices for transportation. Gene has taken his car on several "Classic Car" caravans which are organized every year to travel from city to city in various parts of the country stopping overnight for shows and meetings. It was on such a tour in 1956 at Harrisburg, Pennsylvania, where his car was judged "Best Car" in the show and given the "Gold Prize." Other "Classic Car" shows have been held at Springfield College and are held annually at the P. T. Barnum Festival in Bridgeport, Connecticut.

One of the hazards of owning a unique automobile is that it cannot be left unattended in public for fear that otherwise inhibited males will begin to lift the hood of the engine and even climb in to try the steering wheel. After several nicks on the otherwise impeccable finish, Gene now brings along a rider or grandson to stand guard over the car at all stops. The interested questions of passers-by enhance his pride of ownership and makes owning a "Classic Car" so enjoyable a hobby.

Boss, Jr.

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